

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

March 13, 2012

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of The Pantry, 2548 South 48th Street requesting a class C/K liquor license.

Douglas Daize, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he has been a previously approved liquor license manager.

Mr. Daize will need to complete the required training.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATIONTrade Name (doing business as) The PantryStreet Address #1 2548 South 48th Street

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68506Premise Telephone number (402) 489-0396

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

*city*Name Doug DaizeStreet Address #1 12950 N. 1st Street

Street Address #2 _____

City Raymond State NE Zip Code 68428**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length _____ feet

Width _____ feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

see attached diagram

**APPLICATION FOR LIQUOR LICENSE
CATERING LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

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FEB 28 2012

**NEBRASKA LIQUOR
CONTROL COMMISSION**

FEE \$100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The \$40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER Applied for Class II

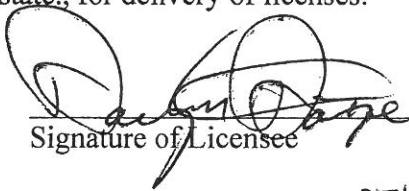
NAME OF LICENSEE World Eats Company

TRADE NAME The Pantry

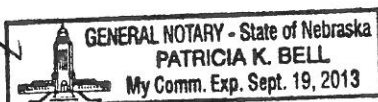
PREMISE ADDRESS 2548 South 48th Street

CITY/STATE/ZIP CODE Lincoln, NE 68506

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.


Signature of Licensee

Subscribed in my presence and sworn to before me this 27th day of February, 2012




Notary Public Signature & Seal

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

passport
voter reg

Corporation/LLC information

✓ Name of Corporation/LLC: World Eats Corporation

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: The Pantry

✓ Premise Street Address: 2548 South 48th Street

City: Lincoln State: NE Zip Code: 68506

Premise Phone Number: (402) 489-0396

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.

http://www.lcc.ne.gov/license_search/licsearch.cgi

✓ 

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:

☒ MALE

☐ FEMALE

Last Name: Daize First Name: Douglas MI: B

Home Address (include PO Box if applicable): 12950 N. 1st Street

City: Raymond County: Lancaster Zip Code: 68428

Home Phone Number: (402) 730-7830 Business Phone Number: (402) 730-4306

Social Security Number: --- Drivers License Number & State: NE

Date Of Birth: - Place Of Birth: Kingstown, St. Vincent & The Grenadines

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Daize First Name: Michelle MI: D

Social Security Number: - Drivers License Number & State: NE

Date Of Birth: - Place Of Birth: Pontiac, MI

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Raymond, NE	2008	Present	Raymond, NE	2008	Present
Lincoln, NE	1993	2008	Lincoln, NE	1993	2008

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1998	2011	RT Omaha Franchise, LLC	Self	(402) 730-7830
1989	1998	Concord Hospitality, Inc.	Larry Bird	(402) 421-2551

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Doug Daize -- See attached				
Michelle Daize	2/9/12	Lincoln, NE	Speeding	Will take STOP Class

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

Ruby Tuesday -- NE #42624, 49084, 54125, 62461, 62690, 67017, 70404, 75766; IA #LC0034421

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Responsible Service of Alcohol Training w/Applebee's & Ruby Tuesday w/Lincoln PD -- annually 1992-2010

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QUESTION 1 – Law Violations

**NEBRASKA LIQUOR
CONTROL COMMISSION**

#1
on
manager

On July 29, 1983, I pled guilty to the misdemeanor charge of Defrauding an Innkeeper and paid a fine of \$100 and served 4 days in jail. This offense occurred in the State of Washington. This charge was erroneously listed by the Washington Highway Patrol as a felony, but was corrected to a misdemeanor by Order of the Superior Court of the State Of Washington In and For the County of Chelan.

On December 22, 1983, I pled guilty to the charge of failure to comply and paid a \$100 fine. This charge occurred in the State of Washington and was based on a child support issue.

On November 14, 1984, I pled guilty to the misdemeanor charge of Simple Assault and paid a fine of \$155. This incident occurred in the State of Washington. **Please note** that the Superior Court of the State Of Washington In and For the County of Chelan vacated this plea and conviction.

Prior to January 31, 1994, I receive numerous traffic citations for speeding which resulted in revocation of my driving privileges.

Since January 31, 1994, I have had the following traffic offenses:

- Speeding Ticket in summer of 2011 – took STOP class
- There may be other traffic violations; however, Mr. Daize cannot remember the details of any other potential traffic violations

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.


Signature of Manager Applicant


Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

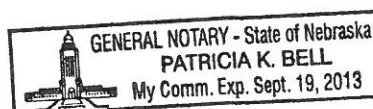
27th day of February, 2012
date

by Doug Daize & Michelle Daize
name of person acknowledged



Notary Public signature

Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

NEBRASKA LIQUOR
CONTROL COMMISSION

NOT VALID UNTIL SIGNED

9M1210060<<<<<<<<<<<<08

FEB 28 2012
NEBRASKA LIQUOR
CONTROL COMMISSION

*Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquillity,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do hereby constitute and establish the
Constitution of the United States of America.*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULARE

UNITED STATES OF AMERICA

Type / Type / Tipo Codes / Code / Código Passport No / No du Passeport / No. do Passaporte

P USA

Surname / Nöfn / Apellidos

DAIZE

Given Names / Prénoms / Nombres

MICHELLE DENISE

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

MICHIGAN U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

13-Aug-2007

Date of expiration / Date d'expiration / Fecha de caducidad

12 Aug 2017

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 27

Sex / Sexe / Sexo

• F

Authority / Autorité / Autoridad

United States

United States

USA

[illegible]

4275946722USA 70F1708129078990468<623206

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR
CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Tim O'Neill

Name of Corporation that will hold license as listed on the Articles

World Eats Company

Corporation Address: 12950 N. 1st Street

City: Raymond State: NE Zip Code: 68428

Corporation Phone Number: (402) 730-4306 Fax Number: _____

Total Number of Corporation Shares Issued: 100

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Daize First Name: Douglas MI: B

Home Address: 12950 N. 1st Street City: Raymond

State: NE Zip Code: 68428 Home Phone Number: (402) 730-7830



Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

27th Day of February, 2012 by Doug Daize

Date

name of person acknowledge

Patricia K. Bell

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Daize First Name: Douglas MI: B

signed

Social Security Number: _____ Date of Birth: _____

Title: Pres., VP, Sec., Treas., Dir., Sole SH Number of Shares 100

Spouse Full Name (indicate N/A if single): Michelle D. Daize

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____